

To be completed by organizations that check box on Form 990, Part I, Line 11

► Attach certified copies of any articles of dissolution, resolutions or plans.

Name of the organization

Employer identification number

Complete Part I if the organization ceased its operations and any remaining activities are for the purpose of dissolving, paying debts, or distributing any remaining assets.

Complete Part II if the organization had a disposition of more than 25% of its assets.

Part I Liquidation, Termination or Dissolution (Attach additional pages if additional space is needed.)

1	(a) Description of asset(s) distributed or transactional expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transactional expenses	(d) Method of determining FMV for asset(s) distributed or transactional expenses	(e) EIN of recipient (if tax-exempt)	(f) Name and address of recipient	(g) IRC Code section of recipient(s) (if tax-exempt)

- 2 Did or will any officer, director, trustee, or key employee of the organization:
- a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization’s liquidation, termination, or dissolution?

e If the organization answered “Yes” to any of the questions in this line, provide the name of the person involved and explain
- ☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

- Note: If the organization distributed all of its assets during the tax year, then Form 990, Part VI, column (B) should equal -0-.
- 3 Did the organization distribute its assets in accordance with its governing instruments?
- 4 Did the organization request or receive a determination letter from EO Determinations that the organization’s exempt status was terminated? (If “Yes,” attach copy.)
- 5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve?
- b If “Yes,” did the organization provide such notice?
- 6 Did the organization discharge or pay all liabilities in accordance with state laws?
- 7a Did the organization have any tax-exempt bonds outstanding during the year?
- b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- c If “Yes,” describe how the organization defeased or otherwise settled these liabilities. If “No,” explain.
- ☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

**Part II** Sale, Exchange, Disposition or Other Transfer of more than 25% of the Organization's Assets (Attach additional pages if additional space is needed.)

<b>8</b>	<b>(a)</b> Description of asset(s) distributed or transactional expenses paid	<b>(b)</b> Date of distribution	<b>(c)</b> Fair market value of asset(s) distributed or amount of transactional expenses	<b>(d)</b> Method of determining FMV for asset(s) distributed or transactional expenses	<b>(e)</b> EIN of recipient (if tax-exempt)	<b>(f)</b> Name and address of recipient	<b>(g)</b> IRC Code section of recipient(s) (if tax-exempt or type entity)

**9** Did or will any officer, director, trustee, or key employee of the organization:

- a** Become a director or trustee of a successor or transferee organization? ☐ Yes ☐ No
- b** Become an employee of, or independent contractor for, a successor or transferee organization? ☐ Yes ☐ No
- c** Become a direct or indirect owner of a successor or transferee organization? ☐ Yes ☐ No
- d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? ☐ Yes ☐ No
- e** If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain .....

